

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/03/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE FALL CREEK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5011 KESSLER BLVD E INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint #IN00194020.</p> <p>Complaint #IN00194020-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: March 3, 2016</p> <p>Facility number: 010064 Provider number: 010064 AIM number: N/A</p> <p>Census bed type: Residential: 48 Total: 48</p> <p>Census payor type: Other: 48 Total: 48</p> <p>Sample: 8</p> <p>Brookdale Fall Creek LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00194020.</p> <p>QR was completed by 99993 on 03/04/16.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE